



Incident Report

Print Date/Time: 10/21/2016 15:01
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00020769

Incident Date/Time: 10/18/2016 5:44:00 PM
Location: 11217 S LAKE STEVENS RD
LAKE STEVENS WA 98258
Phone Number: (425) 501-4778
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N2	SS0127-Adams
19N3	SS0130-Rutherford
19R1	SS0144-Michael

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Driver	CARROLL, JOHN JOSEPH	625 S MACHIAS RD Snohomish WA 982905655	(425) 343-9408	White	Male	12/16/1996
1	Owner	TROMLEY, CHAD AARON	11217 S LAKE STEVENS RD Lake Stevens WA 982589406	(425) 501-4778	White	Male	07/16/1973
1	Witness	SMITH, JAYNA N	8018 38TH DR NE MARYSVILLE WA 98270	(425) 220-7802			06/09/1988

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	1992	Honda	ACD4D		BBL9796	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

CAD Narrative

10/18/2016 : 18:12:57 SP0288 Narrative: SHUTTING DOWN ROAD FOR A FEW

10/18/2016 : 17:57:21 SP0407 Narrative: TOP NOTCH IS ER FOR OWNERS REQUEST

10/18/2016 : 17:49:42 SP0288 Narrative: VEH ON ITS SIDE, BBL9796

10/18/2016 : 17:48:14 SP0288 Narrative: Narrative added from associated Call #: 673 - AID CAN CXL

10/18/2016 : 17:48:12 sp0233 Narrative: Narrative added from associated Call #: 673 - SAME AS CFS 670, NON INJ

10/18/2016 : 17:47:57 SP0288 Narrative: Narrative added from associated Call #: 673 - ALREADY REPORTED, CONFIRMED NON INJURT, REF CFS #670

10/18/2016 : 17:47:22 sp0233 Narrative: Narrative added from associated Call #: 673 - AC CAR VS HOUSE

10/18/2016 : 17:46:47 SP0302 Narrative: ANOTHER RP REPORTS SAME AND IS WITN ,L/SMITH,F/ ROBIN, PH 4253879217, GRN PC, CONFIRMED W DRIVER NON INJ

10/18/2016 : 17:44:54 SP0333 Narrative: CC, VEH VS HOUSE, NON INJ



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

SECTOR Report

CASE NUMBER 16-20769VICTIM ☐ WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Smith Jayna M</u>	RACE	ETHNICITY	SEX <u>F</u>	D.O.B. <u>6-9-88</u>	AGE <u>28</u>	HGT <u>5'10"</u>	WGT <u>210</u>	HAIR <u>Brown</u>	EYES <u>Blue</u>
STREET ADDRESS <u>8018 38th St NE</u>			CITY <u>Marysville</u>			STATE <u>WA</u>		ZIP <u>98270</u>	
HOME PHONE <u>425-220-7802</u>		CELL PHONE			WORK PHONE				
EMAIL ADDRESS (OPTIONAL) <u>JayJay-Smith-Chick73@hotmail.com</u>					PLACE OF EMPLOYMENT <u>Boeing</u>				
STATEMENT:									

I was driving @ South Lake Stevens Rd. Saw the gentleman in the green car fly around the corner to fast probably going 40 mph +. His car fish tailed right he over corrected spun left, fish tailed back right hit the side of the road car rolled and slide on its side Down into the house.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Jayna M. Smith</u>	DATE SIGNED: <u>10-18-2016</u>
OFFICER/NUMBER: <u>144</u>	DATE SIGNED: <u>10-18-2016</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

SECTOR Report

CASE NUMBER

16-20769

VICTIM ☐WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) Smith, Henry Allen		RACE C	ETHNICITY	SEX M	D.O.B. 11/02/63	AGE 52	HGT 6'2"	WGT 260	HAIR BRN	EYES BLU
STREET ADDRESS 3725 101st Ave. S.E.				CITY LAKE STEVENS		STATE WA		ZIP 98258		
HOME PHONE		CELL PHONE 425-879-3510			WORK PHONE 425-220-7064					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT BOEING					

STATEMENT:

I WAS TRAVELLING North on South LAKE STEVENS RD AND WITNESSED on coming vehicle coming out of corner going South bound. A vehicle lost control going into sideways slide. vehicle corrected itself and then started sliding in other direction. vehicle slide off the road and flipped up on side as it went down embankment and landed on Houses Carport on west side of Roadway.

I parked my vehicle and went over and checked on occupant who was climbing out of passenger side of vehicle. I DID observe that occupants cell phone was lying on driver window and on.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E597884**CASE # **2016-00020769**LOCAL AGENCY
CODINGTOTAL # OF
UNITS**02**OBJECT
STRUCK**BUILDING**TRIBAL
RESERVATIONDATE OF COLLISION **10** - **18** - **2016**TIME (2400) **1743**COUNTY # **31**

MILES

CITY #

ON (PRIMARY TRAFFIC WAY)

INTERSECTION ☐NON-INTERSECTION ☒**S LAKE STEVENS RD**BLOCK NO. ☒**11217**

MILE POST

DISTANCE

50**00**

MILES

☒ N☒ S☐ E☐ W

OF (REFERENCE OR CROSS STREET)

113TH AVE SE

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4253439408

LAST NAME

CARROLL

FIRST NAME

JOHNMIDDLE
INITIAL**J**STREET
NEW ADDRESS**625 S MACHIAS RD**

CITY

SNOHOMISH

ST

WA

ZIP

982905655

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**CARROJJ049RW**

STATE

WA

SEX

MD.O.B.
MMDDYYYY**12****16****1996**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**1**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**BBL9796**

STATE

WA

VIN#

1HGCB7572NA007928TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

1992

MAKE

HOND

MODEL

ACD4D

STYLE

SDVEHICLE TOWED
YES ☐ NO ☒

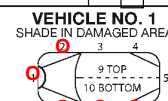
TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **JOHN CARROLL 625 S MACHIAS RD SNOHOMISH WA 98290**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY #**AMERICAN FAMILY INSURANCE 41003-77941-72**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

6Z1065879

CHARGE

SPEED TOO FAST FOR CONDITIONS

UNIT 02

MOTOR
VEHICLE ☐PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☒DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4255014778

LAST NAME

TROMLEY

FIRST NAME

CHADMIDDLE
INITIAL**A**STREET
NEW ADDRESS**11217 S LAKE STEVENS RD**

CITY

LAKE STEVENS

ST

WA

ZIP

982589406

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

M

SEX

D.O.B.
MMDDYYYY**07****16****197 3**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**1**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

1992

MAKE

HOND

MODEL

ACD4D

STYLE

SDVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐INSURANCE CO
& POLICY #**AMERICAN FAMILY INSURANCE 41003-77941-72**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE



OFFICER'S NAME (PRINT)

A. MICHAEL #0144

BADGE OR ID #

0144

AGENCY

WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E597884**CASE # **2016-00020769**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SMITH JAYNA M													
ADDRESS & PHONE # 8018 38TH DR NE MARYSVILLE WA 98270 4252207802										SEX F	D.O.B. MMDDYYYY 06	-	09	-	1988
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

V1 was travelling south bound on S Lake Stevens Rd. Driver of V1 stated that he had been working on his car and when he went to apply his brakes, they locked up. This caused him to lose control of his car, overcorrect and then leave the west side of the roadway, striking a house shortly after.

Two witnesses were driving northbound on S Lake Stevens Rd when they saw V1 approaching southbound. Witnesses stated that the driver was going an estimated 40mph in the 30mph zone and lost control of the vehicle. The vehicle entered into a sideways slide, the driver overcorrected and went off the road. It struck the house and ended up on it's side.

Witnesses provided statements at the scene. Driver of V1 issued NOI for speeds too fast for conditions.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

A. MICHAEL #0144
10-19-16 08:35 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

10/19/2016 8:59:20 PM

BADGE OR ID #

0144

ORI #

WA0311900

TIME POLICE DISPATCHED

5:44 PM

TIME POLICE ARRIVED

5:48 PM

REPORT NO. E597884

CASE # 2016-00020769

DATE AND TIME
OF COLLISION 10/18/16 17:43

